

General Osteopathic Council review of osteopathic courses and course providers

BSc (Hons) Osteopathic Medicine

Monitoring review

North East Surrey College of Technology

July 2009

Foreword

Under the *Osteopaths Act 1993* the General Osteopathic Council (GOsC) is the statutory regulatory body for osteopaths and osteopathic education providers. The GOsC advises the Privy Council on which programmes of osteopathic education merit Recognised Qualification (RQ) status. The Privy Council grants RQ status to programmes where the governance and management of the course provider and the standards and quality of the programme meet the requirements laid down by GOsC. In particular, students must meet the practice requirements of GOsC's *Standard 2000: Standard of Proficiency*.

Decisions concerning the granting, maintenance and renewal of RQ status are made by the Privy Council following reviews of osteopathic courses and course providers. The Quality Assurance Agency for Higher Education (QAA) manages certain aspects of these reviews on behalf of GOsC. The role of QAA, by its conduct throughout the UK of reviews and audits of higher education provision and providers, is to maintain public assurance that the standards and quality of higher education are being safeguarded and enhanced. In developing its methods for higher education audit and review, QAA has published a wide range of materials designed to provide a background against which scrutiny can take place.

GOsC review

GOsC review is a peer-review process. It starts when institutions evaluate their provision in a self-evaluation document. This document is submitted to QAA for use by a team of review 'visitors' who gather evidence to enable them to report their judgements on governance and management, the clinical and academic standards, and the quality of learning opportunities. Review activities include meeting staff and students, observing teaching and learning, scrutinising students' assessed work, reading relevant documents, and examining learning resources. Full details of the process of GOsC review can be found in the *Handbook for the General Osteopathic Council review of osteopathic courses and course providers, second edition*, available from QAA and GOsC.

GOsC review may take one of three forms:

- review for the purpose of granting initial RQ status
- review for the purpose of renewal of RQ status
- review for the purpose of monitoring the operation of governance, management, standards and quality.

Such 'monitoring review' normally explores the content of an annual report on the provision, the fulfilment of conditions attached by the Privy Council to RQ status, or some important development in the provider or the osteopathic programme. In monitoring review the visitors do not normally make a formal recommendation concerning approval of RQ status to GOsC.

In initial recognition review, in renewal review, and in some instances of monitoring review, visitors make one of the following recommendations to the GOsC:

- **approval without conditions**
- **approval with conditions**
- **approval denied**

The recommendation made is that of the review visitors to the GOsC. In making its own recommendation to the Privy Council the GOsC may choose not to follow the recommendation of the visitors.

In some monitoring reviews the GOsC does not require the visitors to make a formal recommendation for the programme.

Introduction

This report presents the findings of a monitoring review requested by GOsC following major staffing and structural changes which occurred early in the academic year 2008-09 in the osteopathy provision at the North East Surrey College of Technology (NESCOT or the College). The College is located in the Borough of Epsom and Ewell in Surrey. Osteopathic medicine programmes are delivered through the Surrey Institute of Osteopathic Medicine (SIOM or the Institute), a department within the Faculty of Higher Education, one of five faculties in the College.

At the time of the visit there were 19 third and 28 fourth-year students enrolled on the BSc (Hons) Osteopathic Medicine, and 13 first and 17 second-year students on the integrated Master's in Osteopathy (MOst). The former has Recognised Qualification (RQ) status and the College is considering applying for RQ status for the MOst in October 2009. Over 30 staff are employed to support the osteopathy provision. The majority of teaching staff are employed on sessional contracts, with a small number on fractional contracts. Together they represent 4.6 full-time equivalents. Only the Programme Administrator is employed within SIOM on a full-time basis.

The review was undertaken by visitors appointed by GOsC in accordance with GOsC's regulatory responsibilities for safeguarding RQ criteria under the *Osteopaths Act 1993*. A prime focus of the review was the relationship of the programmes to the *Standard 2000: Standard of Proficiency (Standard 2000)* professional competence standard of GOsC. The review was completed in the academic year 2008-09. The review visitors were Dr Dawn Carnes, Mr Jorge Esteves and Professor Pamela Shakespeare, and Mr Jeff Butel (review coordinator).

A Formal recommendation

The recommendation given below is the recommendation of the review visitors to the GOsC. In making its own recommendation to the Privy Council the GOsC may choose not to follow the recommendation of the visitors.

The recommendation of the visitors in relation to the BSc (Hons) Osteopathic Medicine is:

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| <ul style="list-style-type: none">• approval with conditions |
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The conditions are:

- communication to GOsC of the new management and staffing structure by 7 September 2009
- in the event of any post(s) not being filled, a revised plan and timescale should be forwarded to GOsC by 14 September 2009
- a complete revision of job descriptions by 1 September 2009 to delineate clear responsibilities and accountability
- provision of SIOM-specific induction for SIOM staff from the 2009-10 academic year
- inclusion in the 2008-09 Annual Report to GOsC of a detailed evaluation of the effectiveness of the new management and teaching team and structure
- that a further monitoring review visit is to be undertaken in 12 months
- the College should undertake a risk assessment exercise and draw up contingency plans in relation to RQ status, staffing, student recruitment and patient numbers, by January 2010

- the College should update the student handbook, in hardcopy form and on the virtual learning environment, for the start of the 2009-10 academic year
- the College should ensure that its staff performance review is applied to all SIOM staff during the 2009-10 academic year
- the patients' complaints procedures must be displayed prominently in the clinic for the start of the 2009-10 academic year
- there should be full implementation of the latest (2005) GOsC Code of Practice from the start of the 2009-10 academic year
- the College should continue to monitor the effectiveness of the marketing strategy in ensuring sufficient patient numbers, with appropriate profiles.

Recognised Qualification status

The programme reviewed is operating under specific conditions that have not yet expired for the duration of RQ status. The Education Committee of GOsC will want to consider the existing specific RQ conditions in the context of the findings of this report.

B Findings

The following is a summary of the visitors' main conclusions:

- the current management team has provided effective continuity in relation to administration of the programme and the maintenance of standards
- to ensure the continued adequacy of the short term contingency plans to maintain standards, the conditions set out in this report must be implemented
- implementation of the conditions set out in this report will strengthen the institution's plans for a permanent senior management structure capable of administering the programme effectively and maintaining the standards required by the GOsC
- academic tuition has been maintained in terms of quantity and quality of delivery and, with the implementation of the conditions set out in this report, the short and longer-term plans to maintain standards will be adequate
- clinical tuition has been maintained in terms of quality of delivery in the short-term and, with the implementation of the conditions set out in this report, the longer-term plans in relation to clinical tuition will be adequate
- the existing clinical provision at the SIOM is adequate to provide sufficient clinical hours/patients for the currently enrolled students, although closer monitoring of student exposure to patients is necessary

Strengths

- the prompt, decisive action taken by the College in response to the allegations (paragraph 1)
- the open and constructive approach to the review, allied with a high degree of self-criticality (paragraph 2)
- the commitment of senior management and the Programme Administrator to the maintenance and enhancement of the provision (paragraphs 3, 4)
- students' regard for the standard of much of the teaching is high (paragraphs 3, 15)
- the commitment of many staff to the improvement of the provision (paragraph 10)
- the continuing enthusiasm of students across all years (paragraph 15)
- students' appreciation of the high level of individual support provided by many tutors (paragraph 15)
- feedback on student course work has become more prompt and detailed (paragraph 15)

Areas for development

- implementation of the new management and staffing structure by the beginning of September 2009 and early notification of this to GOsC (paragraph 8)
- the drawing up of a revised plan and timescale in the event of any post(s) in the new management and staffing structure remaining unfilled (paragraph 8)
- consideration of the desirability of having a dedicated head of department for the osteopathy provision (paragraph 9)
- revision of job descriptions to delineate clear responsibilities and accountability (paragraph 11)
- provision of SIOM-specific induction for SIOM staff (paragraph 11)
- inclusion in the next Annual Report to GOsC of a detailed evaluation of the effectiveness of the new management and teaching team and structure (paragraph 12)
- completion of a progress review to inform a further monitoring review visit before the end of the academic year 2009-10 (paragraph 13)
- the drawing up of contingency plans in relation to RQ status, staffing, student recruitment and patient numbers, as part of a risk-assessment exercise (paragraph 14)
- continued monitoring of student progression (paragraph 14)
- a review of the extent to which the programme engages at the higher education level (paragraph 16)
- the need to undertake further development of the virtual learning environment and assign responsibility for monitoring and updating it (paragraphs 16, 17)
- updating the student handbook, in hardcopy and on the virtual learning environment, for the start of the 2009-10 academic year (paragraph 18)
- greater attention to detail and accuracy in documentation to enhance transparency and accountability (paragraphs 18, 23, 24)
- introduction of staff performance review for all SIOM staff (paragraph 20)
- the need to ensure that the patients' complaints procedure is highly visible in the clinic for the start of the 2009-10 academic year (paragraph 23)
- implementation of the latest (2005) GOsC Code of Practice from the start of the academic year 2009-10 (paragraph 23)
- improvement to the clinic environment (paragraphs 26, 27, 28)
- provision of a more structured learning experience for students undertaking observation of clinic practice (paragraph 27)
- continued monitoring of the effectiveness of the marketing strategy in ensuring sufficient patient numbers, with appropriate profiles (paragraphs 28, 29, 31).

C Description of the review method

The following section gives a general description of the GOsC review method. The full method is given in the *Handbook for the General Osteopathic Council review of osteopathic courses and course providers, second edition*.

The GOsC monitoring review method involves off-site consideration of written evidence by the visitors, and may involve a visit to the provider. The review period is typically of four weeks.

The visitors are selective in their lines of enquiry, and focus upon their need to arrive at findings against clearly-stated criteria. They refine emerging views on the provision against as wide a range of evidence as possible.

Documentary evidence typically used includes financial accounts; strategic plans; financial projections; insurance schedules; student work; clinic management records; internal reports from committees, boards and individual staff with relevant responsibilities; together with external reports from examiners, verifiers, employers, validating and accrediting bodies.

Any meetings with students are strictly confidential between the students attending and the visitors; no comments are attributed to individuals. Any teaching and learning observation is governed by a written protocol.

Visitors respect the principle of proportionality in their enquiries and emerging conclusions.

Key features of GOsC monitoring review include:

- an emphasis on the professional competencies expected of osteopaths and expressed in GOsC's *Standard 2000*
- peer review: review teams include currently registered osteopaths
- a focus on the students' learning experience
- flexibility of process to minimise disruption to the provider; there is negotiation between QAA and the provider about the timings of the review and the nature of evidence to be shown
- a process conducted in an atmosphere of mutual trust; the visitors do not normally expect to find areas for improvement that the provider has not identified in its own self-evaluation document (SED)
- use of the annual report to GOsC as the key SED: this should have a reflective and evaluative focus
- an onus on the provider to supply all relevant information: any material identified in the SED should be readily available to visitors
- evidence-based judgements
- ensuring that the amount of time taken to conduct a review is the minimum necessary to enable visitors to reach robust findings
- providing transparency of process through the use of published GOsC criteria
- the role of the Institutional Contact, a member of the provider's staff, to assist effective communication between the visitors and the provider
- close monitoring by QAA officers.

Monitoring review has been made responsive to the possibility of annual variations in GOsC criteria for monitoring review. Monitoring review may be an entirely desk-based scrutiny of the programme provider and the provision; monitoring review may incorporate days of on-site visit.

D Specific requirements for this monitoring review

Background

In September 2008, both the GOsC and NESCOT received an anonymous complaint which highlighted concerns about the osteopathy provision of the SIOM. The concerns related to the rescheduling of examination dates, the adequacy of provision of clinical education and alleged bullying by a member of the SIOM staff.

NESCOT subsequently undertook a formal investigation of the allegations and found no case to answer in relation to the scheduling of the examinations and the provision of clinical education.

It did, however, find it necessary to initiate formal internal disciplinary processes to investigate allegations of bullying and harassment of students. Six members of the SIOM staff were suspended from November 2008 until the conclusion of investigations against them, some of which led to formal action under the disciplinary procedure. The suspensions and the eventual outcome of the disciplinary proceedings have resulted in significant changes in the staffing at the SIOM, particularly at a senior level, and in the staffing structure.

The GOsC Education Committee has reviewed the complaint, noted the actions taken so far and concluded that a review should be undertaken to determine whether the events at SIOM have had a detrimental effect on students and their suitability to apply for registration.

The GOsC requested that the Quality Assurance Agency for Higher Education (QAA) schedule a short review of the SIOM osteopathy course, similar in format to the description of the monitoring review in the *Handbook for the General Osteopathic Council review of osteopathic courses and course providers, second edition*. The review period should last approximately four weeks culminating in a one to two day visit to the institution, dependent on the needs of the review team. The review team should comprise a QAA review coordinator, and a combination of three QAA visitors, one of whom must be an osteopath visitor.

The review is to focus on the following two areas:

Changes to the Senior Management Team

As a result of the complaint and subsequent investigation by NESOT, there has been a significant change in the Senior Management Team. Two staff resigned; other staff who were suspended have now returned to work. The GOsC needs to be assured that the Institute has an adequate management team in place to deal with the short-term disruption through changes in staffing and that there are adequate plans in place for the long-term management of the programmes.

Outcomes required:

- a) an assessment of the ability of the current management team to provide effective continuity in relation to administration of the course and the maintenance of standards
- b) an assessment of whether the short-term contingency plans are adequate to maintain standards in the short term
- c) an assessment of the adequacy of the institution's plans to put in place a permanent senior management structure capable of administering the course effectively and maintaining the standards required by the GOsC.

Clinical and academic tuition

The major staffing changes may have affected the delivery of the clinical and academic training delivered by the institution. The GOsC requires QAA to assess as part of the review the quality and quantity of tuition.

Outcomes required:

- a) An assessment of whether the academic tuition has been maintained in terms of quantity and quality of delivery. Are the short-term plans to maintain standards adequate? What are the plans for the long-term provision of academic teaching and are these adequate?

- b) An assessment of whether the clinical tuition has been maintained in terms of quality of delivery. Are the short-term plans in relation to clinical tuition adequate? What are the long-term plans in this area and are these adequate?
- c) We require QAA to provide an assessment of whether the existing clinical provision at the SIOM is adequate to provide sufficient clinical hours/patients for the currently enrolled students; ie, a minimum of 1,000 clinical hours per student over the course duration as outlined in the *Subject benchmark statement* for osteopathy, published by QAA. If this is found to be inadequate, then we would require the College to have contingency plans in place to address the deficiency.

Changes to the Senior Management Team

An assessment of the ability of the current management team to provide effective continuity in relation to administration of the course and the maintenance of standards

1 The preliminary briefings and the contextualising letters demonstrate that the College took the allegations seriously and acted upon them promptly and decisively. The subsequent staffing changes, in the wake of formal proceedings and suspension of staff from November 2008 pending investigations, impacted minimally on scheduled learning and teaching activities as the College ensured that all lessons were delivered effectively by appropriately qualified teaching staff.

2 The review of the Osteopathy Department undertaken by the Vice-Principal (Higher Education and Workforce Development) following the allegations was comprehensive and incisive, offering a critique which provided a substantial, wide-ranging review of the operation of SIOM. The document also offered a series of constructive proposals which went beyond rectifying the problems cited in the anonymous letter. This open and proactive approach to dealing with existing problems was well received by students.

3 The current Senior Management Team overseeing the operation of SIOM has been in post for a relatively short period of time, although all are existing, permanent, NEScot staff. The team has succeeded in ensuring continuity and maintaining standards. This is corroborated by students who reported that lines of communication and teaching quality have improved since the staffing changes.

4 The Programme Administrator has provided continuity and been an important source of information for staff filling vacant positions and for students. She has been highly effective in minimising disruption to students' studies and ensuring the smooth running of the programme.

5 In response to the resignation of the Clinic Coordinator shortly before the review visit, the SIOM Senior Management Team appointed two acting clinic coordinators on a job-share basis. While the promptness of these appointments is commendable, and the action met immediate needs, preparation of these staff for their new roles was limited.

An assessment of whether the short term contingency plans are adequate to maintain standards in the short term

6 Short-term contingency plans have ensured the continued operation of the programme. Although allocation of staff responsibilities is formally under the direction of the Acting Head of Department, the task often falls to the Programme Administrator. While these duties have been discharged diligently and as effectively as possible, this leaves the provision highly dependent on one key member of staff.

7 The lack of robust management structures for clinic-based learning, formal induction procedures for staff and standard operating protocols has left staff exposed to the possibility of complaints from students and patients. Furthermore, the College has not undertaken a risk assessment exercise and drawn up contingency plans in relation to RQ status.

An assessment of the adequacy of the institution's plans to put in place a permanent senior management structure capable of administering the programme effectively and maintaining the standards required by the GOsC

8 The new management and staffing structure is key to many of the other proposed changes and this needs to be established in a timely fashion. Senior management offered a timeline which proposed that this stage would be completed by September 1. The College should inform GOsC as soon as all proposed appointments have been confirmed. If key staff are not appointed by the beginning of September, a revised and detailed action plan for recruitment and selection of appropriately qualified staff should be forwarded to GOsC within two weeks.

9 The College is committed to establishing a permanent senior management structure for the provision. For this to be effective in addressing issues raised by the recent upheaval, the College Senior Management Team needs to communicate a clear change strategy to all SIOM staff, and to monitor its implementation. Accountability, with clear reporting lines and responsibilities, needs to be established at all levels, and make clear SIOM's position with the College. A senior college manager should be assigned responsibility for the monitoring and review of progress and for expediting the implementation of change. Without this direction and leadership the visitors believe that effective programme administration will be difficult to maintain. In addition, the maintenance and enhancement of the quality of provision requires SIOM to engage with and draw upon the wider osteopathic and healthcare education community, and the College, to a greater degree than was evident previously. The Interim Director of SIOM has provided effective leadership since assuming the position. However, the visitors consider that to put the Institute on a firm footing requires a greater input than two days per week and the College should consider the desirability of having a dedicated head of department who is a trained and registered osteopath. The effectiveness of the current arrangement should be reviewed during the coming academic year.

10 All senior management positions within SIOM are currently assigned on a temporary basis but the interim Senior Management Team expresses confidence in existing SIOM personnel to fulfil these positions in the longer term. These views were supported by the clear commitment of many staff to the improvement of the provision and by student comment. However, there are potential issues with the appointment of key personnel. Proposed new contracts, devised in order to address previous shortcomings, require greater weekly time commitments. This may prove unattractive to practitioners. If so, this will limit the internal uptake of offers and require external advertising, which will delay the appointment process and affect the timelines of proposed changes. Notwithstanding this, the visitors are concerned that purely internal recruitment may result in the College failing to appoint osteopaths who possess all the necessary competences to fulfil the roles and responsibilities as set out in the job descriptions for the Assistant Head of Department and Clinic Coordinator.

11 The nature of the situation necessitated rapid appointment of replacement staff to key positions. Consequently, roles and responsibilities for student support in the classroom and in the clinic have yet to be clearly delineated. If staff are to play a full part in the new, permanent, structure, they require access to appropriate staff

development opportunities to prepare them for their new roles so that they can perform their duties confidently and effectively. The provision of a SIOM-specific induction for all staff would help to ensure a shared understanding of the ethos and expected norms of osteopathic provision in the College and facilitate consistency in the application of SIOM operating procedures. Furthermore, there is a need to integrate SIOM into the wider College academic community to promote cross-College learning and the sharing of good practice. In addition, there needs to be a clear and well-understood allocation of responsibilities within the new structure to ensure the full and effective implementation of proposed changes. As there is an expectation that appointees to the posts of Assistant Head of Department and Year Group Tutors will also act as clinic tutors, job descriptions should make clear that current GOsC registration is an essential requirement. Current job descriptions do not provide this level of detail and require amendment.

12 The next Annual Report to GOsC, for the academic year 2008-09, provides an opportunity for the College to present a detailed, early evaluation, after one term's operation, of the effectiveness of the new structure and the new management and teaching team. This should include a critical evaluation of the competence profile of the newly-appointed management and teaching team, and indicate how the College is seeking to address any deficiencies identified. This process should be informed by the implementation of the well-established College staff performance review, which hitherto has not been undertaken in SIOM.

13 The necessary changes have resulted in heavy workloads for a number of staff. As a result, there were a number of instances where required actions were slow to be implemented. This included student handbook content, staff name signs on office doors and in the clinic, staff lists and the forwarding of advance information to the visitors. The visitors consider that another monitoring review visit should be undertaken in 12 months to ascertain the extent to which the new structure has become established and is functioning fully.

14 The College has not conducted a formal risk assessment in relation to RQ status, staffing, student recruitment and patient numbers. This needs to be completed by January 2010 at the latest. The risk assessment should take into account recent declining student recruitment, the financial implications of this for the continuing viability of osteopathic provision at the College, uncertainty in relation to staff appointments and the sufficiency of patient numbers and appropriateness of patient profiles. Student recruitment has declined each year over the last four years. In addition, progression rates have been low in many years; of the initial intake of 27 students in 2004-05 only 13 graduated in 2007-08. There is a need for continued monitoring of student progression.

Clinical and academic tuition

An assessment of whether the academic tuition has been maintained in terms of quantity and quality of delivery. Are the short-term plans to maintain standards adequate? What are the plans for the long-term provision of academic teaching and are these adequate?

15 The visitors observed examples of didactic teaching. The limited number of observations available to the visitors did not provide evidence of up-to-date knowledge or the application of evidence-based teaching and learning. However, students demonstrated enthusiasm for their studies. They valued the programme and regarded highly the standard of teaching of many staff. They felt that many lecturers brought appropriate expertise and offered significant personal insights. Students also appreciate

the high level of individual academic and pastoral support provided by many tutors. Furthermore, feedback on student coursework has become more prompt and detailed. Previously, there were occasions when students waited over two months for feedback on coursework. Given the limited number of observations available to the visitors during this visit, the scheduling of a further monitoring review should ensure that a full range of academic teaching can be observed.

16 Examination of the Weblearn virtual learning environment and associated documentation on the reflection and collaboration strand and reflective portfolios suggests that the programme is pitched at further, rather than higher, education level. On Weblearn, many factsheets are not supported by referencing and, in some cases, are not sourced at all. Some indicative reading lists are not as current as might be expected for higher education. For example, in the Reflective Practice module the latest reference on reflection is 2004, while student work in the Reflective portfolios was sparsely referenced. The lack of referencing does not provide a sound basis for the evidence-based practice that one would expect on a higher education programme. Further evidence of this emerged from clinic-based learning teaching observations where the line of questioning employed by clinic tutors, and the absence of references to relevant research, may inhibit students' achievement of learning outcomes expected of an honours degree.

17 An important element in establishing a firm learning foundation is the further development of the virtual learning environment, Weblearn. This is particularly important given the reliance on sessional and fractional staff appointments. However, the site lacks currency. Lists of staff and posted notices are out-of-date, factsheets and text are not referenced, and many PowerPoint presentations and reflective practice class presentations, when accessed, are empty. This facility needs to be more comprehensive, and responsibilities for monitoring and updating it clearly assigned. Appropriate staff development opportunities may be necessary. At present Weblearn is woefully incomplete and presents a less than professional image.

18 A lack of detail, accuracy and currency was found in documentation prepared for students, staff and the visitors. These deficiencies reduce the value of such documentation in setting out responsibilities, and accountability, transparently. In addition, spelling and other typographical errors mean that some documentation appears unprofessional. A priority is the need to update the student handbook, in hard copy and on the virtual learning environment for the start of the 2009-10 academic year, to ensure consistency of information and accurate, shared, expectations for students and staff. A key element in this will be the need for clear guidance on the operation of the new Year Group Tutor arrangements.

19 The BSc (Hons) Osteopathy handbook, 2008-09, outlines the personal tutor system. However, although students are allocated a personal tutor, this system is not operational. Staff explained that this system did not work as the student/tutor relationship was unclear and informal, and that staff received no additional remuneration for this role. The new Year Group Tutor system is intended to address such deficiencies.

20 Staff continuing professional development is not monitored, although staff training is recorded on most of the curricula vitae (CVs) reviewed. The implementation of the College staff performance review scheme may address this issue. Each member of staff is required to undertake a minimum of 13 weeks training in teaching and learning. Staff may extend this, should they wish, by enrolling on subsequent courses run by the College. Involvement of SIOM staff in this scheme was not reflected explicitly in any of the staff CVs reviewed.

21 The College is planning to reduce the dependence on sessional staff and increase the number of fractional appointments. While this is intended to put staffing on a more sound contractual footing and increase the sense of ownership of the provision, the current uncertainty among academic and clinic staff may impact upon their preparation for the next academic year.

An assessment of whether the clinical tuition has been maintained in terms of quality of delivery. Are the short-term plans in relation to clinical tuition adequate? What are the long-term plans in this area and are these adequate?

22 Although clinic tutors are recruited on the basis of their osteopathic experience, evidence of current evidence-based clinical and academic knowledge did not feature as a recruitment criterion. This may explain the lack of evidence-based teaching observed and the low take-up of the inter-library loan facility which was estimated at around 100 papers per annum for osteopathy. Personal use of electronic database searching, or other scholastic endeavours, is not recorded, but some tutors expressed concern about their lack of up-to-date knowledge.

23 There was no evidence, or knowledge, of a patients' complaints procedure in the visitors' time in the clinic, or in a meeting with one of the clinic directors. The clinic notice-board displayed information from the GOsC 1998 Code of Practice in relation to patient consent. This is out of date. Current GOsC guidelines are substantially different. Students do not, routinely, record in their case notes information given to patients regarding risks, alternative forms of treatment or if informed consent was obtained. Clinic protocols and operating procedures need to be understood and implemented in line with current GOsC guidelines. This requires the implementation of the current (2005) GOsC Code of Practice from the start of the academic year 2009-10.

24 Students consider their tutors' dual role, as academic and clinic tutors, as a major strength of their programme. However, integration of classroom and clinic-based learning is not monitored effectively. In addition, there is a lack of effective academic leadership and of quality assurance procedures in relation to the content of some of the teaching materials. Student handouts on neurolinguistic programming, within the clinical neurology and differential diagnosis module, contained factual errors in neuro-anatomical structures.

25 Observations of clinical teaching sessions indicate that tutors suggest diagnoses that are strongly influenced by their own underpinning osteopathic philosophical values and beliefs. This, in itself, is not unusual, but students are not sufficiently encouraged and challenged to consider alternative diagnoses. In one clinic observation the patient had to be re-examined because the student had omitted to undertake a biomechanical assessment of the pelvis that would justify the tutor's diagnostic frame of reference. The student conducted the initial clinical examination in the absence of the designated clinical tutor but then, upon presentation of the clinical findings, the tutor requested the student to repeat the examination. On this occasion the tutor was present in the room. There was no evidence that the patient had been informed of why the examination had to be repeated. The lack of patient involvement in the process and the lack of appropriate tutor support for students in their penultimate year raises questions regarding the quality and safety of patient care.

26 In the longer term there is a need to improve the clinic environment. There needs to be a clear allocation of the lead person for each clinic session to apportion

students' duty of care, accountability and responsibility to patients. At present this is by no means clear. The implementation of standard operating procedures for patient administration, patient handling, finance and staffing of the Clinic Reception would project a more professional image. At present, on entering the clinic it is not clear who is in overall charge, and the allocation of patients to students appears ad hoc and informal. Furthermore, accuracy of the clinic database is not monitored or audited.

27 The design, organisation and content of students' clinic files require improvement in order to enable tutors to check the accuracy of reports in their reflective learning portfolios and monitor student progression. The standard of presentation of some student work in the files was poor. If students are to maximise their learning they need a more structured learning experience when undertaking observations in the clinic. Students are not, as a matter of course, required to reflect on the treatments and general interaction with patients they observe. More meaningful, helpful feedback to students on their treatment of patients is also required. Comments such as 'This was a nice treatment', 'Good' and 'OK' are not particularly helpful in enabling students to appraise and improve their clinic performance. There is also a need for more systematic monitoring of student exposure to patient profiles to ensure that they obtain the necessary range of experience.

An assessment of whether the existing clinical provision at the SIOM is adequate to provide sufficient clinical hours/patients for the currently enrolled students; ie, a minimum of 1,000 clinical hours per student over the course duration as outlined in the *Subject benchmark statement for Osteopathy*, published by QAA. If this is found to be inadequate, then GOsC would require the College to have contingency plans in place to address the deficiency.

28 SIOM's marketing initiative has done much to increase patient numbers. However, there is a need to ensure that the quality of care given is patient centred. There is no monitoring of patient satisfaction at present. There are no centrally held clinical records of year one and two observations; these are signed off by clinic tutors and recorded individually by each student. As a result, the visitors had no data with which to assess the number of observation hours compared with the direct patient contact hours. The result is that students' patient clinical profiles are not monitored effectively. No clear, formal record, linking student exposure to patients presenting a variety of clinical conditions was evident.

29 Year three and year four students' direct patient contact ranges from eight to 20 consultations per month. The year three students' range of consultations, for 2008-09, was between 21 and 110 patients, and for year four students, 38 to 190 consultations. The average number of new patients a year four student sees per month ranges from one to four. These large ranges may indicate that clinic attendance of some students is poor, or that the allocation of patients may be preferential or erratic. These figures illustrate that, given the maximum exposure at 20 patients per month, with one hour per patient, students' direct patient exposure is 240 hours per year, representing a maximum 480 hours over years three and four. The SIOM clinic aim is to achieve 1,288 clinical hours per student. The visitors estimate that the ratio of patient observation to direct patient contact is 3:1. Students are expected to spend non-direct contact patient time in the clinic discussing cases, participating in tutorials and learning about clinical management. Overall, student clinical hours are met.

30 There is scope to expand the clinic. There are nine clinic rooms and only six are currently fully utilised. During their time in the clinic the visitors observed a maximum number of five patients per treatment time slot. The clinic is open Monday, Wednesday and Thursday

for three sessions (morning, afternoon and evening) and for two sessions (morning and afternoon) on Tuesdays and Fridays.

31 Notwithstanding the success to date of the marketing initiative in increasing patient numbers, there remains the need to continue to monitor the effectiveness of the marketing strategy, not only in ensuring adequate numbers of patients, but also in ensuring that the patient profile is sufficiently varied to offer students the necessary experience. Evaluation of the success of the marketing strategy should be linked to an audit of students' clinic-based learning experiences, particularly as lead-practioners.